

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-975)							SERIAL NO. 09/276868	FILING DATE					
							APPLICANT(S)						
8/24							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1							51						
2							52						
3							53						
4		2					54						
5							55						
6							56						
7							57						
8		2					58						
9							59						
10		2					60						
11	1	1					61						
12	1		2				62						
13			2				63						
14			2				64						
15		1					65						
16							66						
17							67						
18							68						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		2				TOTAL IND.						
TOTAL DEP.	19	1	6	1			TOTAL DEP.						
TOTAL CLAIMS	22	1	8	1			TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS